Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Beckwith Manoa Senior Care	CHAPTER 100.1
Address: 2375 Beckwith Street Honolulu, Hawaii 96822	Inspection Date: June 24, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1, #2, #3 – No documentation of annual diet order available for review.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY YES, We obtained a signed annual diet order for: Resident #1 on -> Resident #2 on -> Resident #3 on ->	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1, #2, #3 – No documentation of annual diet order available for review.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? WE WERE Educated by our Nurse Consultant on the Resident Annual Physical Examination Record form We will use this form and take it to all future doctors appointments to ensure updated annual dietorders	8/14/19
	are in place.	
		art.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #2 – No annual physical exam available for review.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY YES, We obtained a Signed annual physical exam for: Resident #2 an->	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Annual phexamination progress rannual re-	-17 Records and reports. (b)(1) sidence, records shall include: hysical examination and other periodic ons, pertinent immunizations, evaluations, notes, relevant laboratory reports, and a report of evaluation for tuberculosis; SS #2 – No annual physical exam available for	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? WE WERE EDUCATED BY OUR NUTSE CONSULTANT ON THE RESIDENT ANNUAL Physical Examination Record form, we will use this form and take it to all future doctors appointments to ensure that for each resident we have a record of an annual physical exam.	8/14/19

Licensee's/Administrator's Signature: BUSHUL HOWG Print Name: BEVERLEY YOUNG
Print Name: DEVERALT TOUTIS
Date: 8/14/19
Licensee's/Administrator's Signature:
Print Name: Beverley Young
Date: 9/11/19

D 0